Appointing

History/Overview

Preparing for the Future

National Contract: Pros/Cons

Local Contracts: Pros/Cons

MTF Requirements Following a Decision

History

- 14 AF MTFs have had the MCSC do appointing under the current contract in some Level of Effort(LOE)
- The next generation of TRICARE contracts requires a separate appointing contract for potentially another vendor or to take back the activity using MTF personnel
- Contract options include a National Contract or securing your own local contract
- Converting from a contracting activity to hiring GS employees requires that an A76 study be conducted
- Army Medical Command's (MEDCOM) Health Care Activity Agency is the proponent for the National Request for Proposal (RFP) for the Appointing Statement of Work (SOW)

Preparing for the Future

- Determine if stand-alone MTF or Multi-MTF call center
- Determine if using the National Contract or developing your own contract
- Identify who will coordinate your contracting vehicle: Base, Air Force Medical Logistics Office(AFMLO), or MEDCOM HCAA
- Prepare procurable package/task orders that should include:
- MTF's Requirements Statement
- MTF Training Plan
  - Workload/MTF Cost Estimate (Internal govt use only)
- Site visit plan that includes POC name/contact info
- Coordinate package/task orders through Regional POCs and Air Staff (JoAnne Fletcher and Maj Koch)
- MAJCOMS: assist MTFs/Regional POCs

Preparing for the Future continued

- Use Ad hoc data on MCSC Level of Effort(LOE) to determine workload/MTF costs
- Once procurable package is approved by HQ, submit to contracting office of choice

Other Questions to Ask

- Does your current system meet your needs?
- Do you want to change?
  - If yes, then your justification and Independent Government Contracted Estimate will be more challenging. And you'll need to validate, via your concept of operations(CONOPS) that you are using "best business practices"
- What do you want to change to?
  - Need to outline the financial, contractual and approval implications

What Are Your Options?

National Contract (developed by Army MEDCOM HCAA)…**_approved by all services_

Local Contract

Convert contracted positions to GS (A-76 implications)

National Contract Pros

- All the groundwork is done by Army Medical Command's (MEDCOM) Heath Care Acquisition Activity
- They will contract with a pool of contractors
- Individual MTFs will only have to do a task order against the established contract
- Procurements will be established based on the MTF's task orders
- The selected contract will work with each MTF individually in support of it's task order to set up the "local" appointing services contract there.

National Contract Pros continued

- HCAA will have staff to execute the MTF's task order
- MTF only has to "modify" the Performance Work Statement(PWS) with MTF-specific requirements not covered in the national technical requirements document
- MTF controls the process and the outcome
- Easier than other options; potentially better outcomes

Local Contracts Pros/Cons

- MTF has to write it's own PWS as well as MTF Technical requirements from scratch
- MTFs will have to initiate and monitor the entire contracting process and may not have credentialled and experienced contracting personnel
- More labor intensive
- Not assured of positive outcomes

National Contract Cons

Hard to find any!

Requirements Methodology

- Centralized call center within the MTF (independent study by First Consulting Group)
  - AFMS model validated by 4 MTFs: on target or close
  - With upgraded telephony systems, appointing agents do not have to sit together to have a “centralized call center”
  - Call center staffing based on number of calls per agent per day
    - 30 appointments/day: 0.5 FTE
    - 30-65 appointments/day: 1 FTE
    - 65-130 appointments/day: 2 FTE
    - 130-195 appointments/day: 3 FTE
    - 195-261 appointments/day: 4 FTE
    - 261-326 appointments/day: 5 FTE
    - 326-390 appointments/day: 6 FTE
    - 390-650 appointments/day: 7 FTE (Erlang Method)

Issues to Consider in the Decision Making Process

- Telephony will be provided as Government Furnished Equipment (GFE)
- Centralized Appointing
  - Efficient, inexpensive, one-stop shopping for all appointments
  - Contractor or Civilian GS? (A-76 implications)
  - Space and/or infrastructure available?
  - Decentralized Appointing
  - Technology can compensate for inefficiencies, but is more expensive
  - Contractor or Civilian GS? (A-76)
  - Space and/or infrastructure available?

Once You've Decided

- Develop your Concept of Operations (CONOPS)
- Write a cover/endorsement letter signed by the MTF Commander
- Develop the IGCE based on your CONOPS
- Submit to your regional POC for Local Support Contracts – joanne.fletcher@nw.amedd.army.mil
- She forwards it to your service where it is approved/disapproved and funded

MTF Technical Requirements

Develop your specific requirements as requested in the Performance Work Statement (PWS) as well as any requirements not covered by the PWS

If using the National Contract:

- Develop tech requirements
- A mini RFP is issued, task order awarded, transition period, begin work
- Local contract administration and surveillance

Questions?

UTILIZATION AND REFERRAL MANAGEMENT

Increased MTF workload for UM, UR, referral management, and case management due to certain functions no longer performed by the contractor, and the impact of revised financing

Contractor must operate a medical management program that fully supports the services available within the MTF

UTILIZATION MANAGEMENT – HCSS ISSUES

- Contractor must submit UM plan and provide education and training to providers and beneficiaries
- “Policy silent” language in TOM
- Quarterly report to government regarding drugs/treatments/procedures that have moved from “unproven” to “proven”
- Contractor must operate programs (based on cost or diagnosis) for which proven clinical management programs exist

UTILIZATION MANAGEMENT – HCSS ISSUES

- Preauthorization reviews sharply reduced from current contract requirements
- Concurrent reviews for continuation of inpatient mental health services within 72 hours of emergency admissions
- Quarterly focused retrospective reviews of 1% sample of medical records
- Report patterns of inappropriate practices by civilian providers/facilities to TMA

UTILIZATION MANAGEMENT – MTF ISSUES

- Control leakage of purchased care claims for MTF enrollees to civilian providers
- Must meet access standards and maintain high quality of care
- Understanding data so MTFs can make informed, efficient business decisions
- Medical necessity determinations must occur at MTF (HCSS will provide benefit review only)
- DODI UM Instruction

REFERRAL MANAGEMENT – HCSS ISSUES

- Contractor requirements
  - 98% of consults returned within 10 working days of the encounter; 100% within 30 days
  - Urgent/emergent referrals require initial contact within 24 hours or less
  - Monthly audit of referrals (2% or 10, whichever is greater)
  - Benefit review; beneficiary must be informed prior to visit if requested service is not a covered TRICARE benefit

REFERRAL MANAGEMENT – HCSS ISSUES

- Contractor requirements
  - Must offer first right of refusal to MTF
  - Electronic referrals to MTF must be HIPAA-compliant
  - 96% of referrals in Prime service areas shall be referred to the MTF or a civilian network provider
  - Must issue authorization on at least 85% of all referrals within one workday (100% within three workdays)

REFERRAL MANAGEMENT – MTF ISSUES

- Full utilization of available appointments
- Management of EWRAS rules/referral processes
- Analyze referrals (type/frequency/cost) to assist MTF commanders with "make vs. buy" decisions
- Consider defragmentation of the referral process by establishing accountability at a single location

REFERRAL MANAGEMENT – MTF ISSUES

- Referral center can help validate invoices and document contractor performance
- Management of incoming “first right of refusal” consult requests from contractor
- Management of outgoing consults from MTF to civilian providers
- Consult results/discharge summaries returned to initiating provider in a timely manner

UTILIZATION MANAGEMENT

- Use existing personnel or develop new positions?
- Active duty vs. GS vs. contracted personnel
- Contracting alternatives
  - GSA Federal Supply Schedule
  - Air Force – personal/non-personal service contracts
- Space issues/equipment/training/data mining & analysis